

SEP 17 1941

791

1003

Registrar's No. 6967

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT  
FULL NAME

Joseph H. Oertle

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex

M

5. Color or  
race W

6. (a) Single, widowed, married,  
divorced M

6. (b) Name of husband or wife

Cora May Oertle

6. (c) Age of husband or wife if  
alive 64 years

7. Birth date of deceased

June 21, 1906

(Month) (Day) (Year)

8. AGE:

Years

71

Months

Days

17

If less than one day

hr. min.

9. Birthplace

Westenburg, Germany

10. Usual occupation

Petered. American

11. Industry or business

American Bridge Co.

12. Name

Joseph Oertle

13. Birthplace

Germany

14. Maiden name

Catherine Kopenstein

15. Birthplace

Germany

16. (a) Informant

Mrs. Jos. H. Oertle

(b) Address

7562 W Bruno Ave

17. (a)

Funeral

(b) Date thereof

7 11 41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Valhalla Cemetery

18. (a) Signature of funeral director

Robert J. Amburst

(b) Address

Clayton Rd. at Concordia Lane

19. (a)

AUG 28 1941

(b)

J. M. Muecke

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7562 West Bruno Ave  
(If rural, give location)  
(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 8  
year 1941 hour 11:55 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from several years  
to 7/8/41  
that I last saw him alive on 7/8/41  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac failure

Due to Hypertensive heart  
disease Chronic nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury

23. Signature Thomas C. Birdsell (M. D. or other)

Address 4660 Maryland Ave Date signed 7/9/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2969

2969

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

27195

FILLED AUG 8 1941

Registration District No. 109

Primary Registration District No. 109

Registrar's No. 1444

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7562 West Bruno Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT  
FULL NAME Joseph H. Oertle

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. NONE

4. Sex Male 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife Cora May Oertle  
7. Birth date of deceased June 21st, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 8 19 hr. min.

9. Birthplace Westenburg Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Foreman

11. Industry or business American Bridge Co.

12. Name Joseph Oertle

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Kopenstein

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jos H. Oertle

(b) Address 7562 West Bruno Ave

17. (a) Burial (b) Date thereof 7/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) JUL 10 1941 (b) Thomas Oertle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7562 West Bruno Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th,  
year 1941 hour 11.55 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from several years  
\_\_\_\_\_, 19\_\_\_\_, to 7/8/41, 19\_\_\_\_;  
that I last saw him alive on 7/8/41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Hypertensive heart disease  
chronic nephritis

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature Thomas Oertle (M. D. or other) \_\_\_\_\_

Address 4660 Maryland Ave Date signed 7/9/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 18 1941

8-27-41.

Notified St. Louis City, Mo. and also St. Louis Co.  
Health departments of the change to be made on this  
certificate.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Edward H. Bockhorst*

Licensed Embalmer No. 2502

P. O. Address

*Blanton Tels*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.